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OMB No. 1545-0047

2018

Open to Public
Inspection

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.</u> GROUP RETURN
	D Employer identification number 54-1572590
	E Telephone number (202) 336-5500
	G Gross receipts \$ 11,399,789.
	H (a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer <u>ARCHIE L. TURNER</u> <u>SAME AS "C" ABOVE</u>	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: <u>HTTPS://WWW.APA.ORG/ABOUT/DIVISION/INDEX</u>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	
L Year of formation M State of legal domicile	

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>SUPPORT AND ENCOURAGE THE EDUCATION, SCIENTIFIC STUDY, HUMAN WELFARE PROMOTION AND INFORMATION DISSEMINATION AND THE ADVANCEMENT OF THOSE PSYCHOLOGY DISCIPLINES.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u> 349.
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> 349.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) <u>5</u> 0.
	6 Total number of volunteers (estimate if necessary) <u>6</u> 2,592.
7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> 1,035.	
b Net unrelated business taxable income from Form 990-E, line 38 <u>7b</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>1,993,188.</u> <u>1,904,101.</u>
	9 Program service revenue (Part VIII, line 2g) <u>1,751,807.</u> <u>1,264,741.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>802,730.</u> <u>857,860.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e) <u>2,831,310.</u> <u>3,115,297.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>7,379,035.</u> <u>7,141,999.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>220,881.</u> <u>364,569.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u> <u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>0.</u> <u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u> <u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>6,960.</u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>6,031,523.</u> <u>5,902,760.</u>	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>6,252,404.</u> <u>6,267,329.</u>	
19 Revenue less expenses Subtract line 18 from line 12 <u>1,126,631.</u> <u>874,670.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <u>26,645,324.</u> <u>25,919,021.</u>
	21 Total liabilities (Part X, line 26) <u>1,455,502.</u> <u>1,235,904.</u>
	22 Net assets or fund balances Subtract line 21 from line 20. <u>25,189,822.</u> <u>24,683,117.</u>

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
Sign Here	<u>Archie L. Turner</u> <u>11/13/19</u> Signature of officer Date
	<u>ARCHIE L. TURNER</u> <u>COO/CFO</u> Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <u>JACOB COOK</u> <u>Jacob Cook</u> <u>11/12/2019</u> <input type="checkbox"/> <u>P01240455</u>
	Firm's name <u>BDO USA, LLP</u> Firm's EIN <u>13-5381590</u>
	Firm's address <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u> Phone no <u>703-893-0600</u>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 2,086,538 including grants of \$ _____) (Revenue \$ 779,475)

ANNUAL CONVENTION, DIVISIONAL MEETINGS, AND OTHER EVENTS -

ACTIVITIES INCLUDE ATTENDANCE AND PLANNED ACTIVITIES AT THE ANNUAL

CONVENTION, AS WELL AS, VARIOUS DIVISION MEETINGS, WORKSHOPS,

CONTINUING EDUCATION, AND OTHER EVENTS THROUGHOUT THE YEAR

COVERING VARIOUS EDUCATIONAL AND SCIENTIFIC TOPICS IN PSYCHOLOGY.

4b (Code _____) (Expenses \$ 855,519 including grants of \$ _____) (Revenue \$ 952,677)

PUBLICATIONS (JOURNALS, NEWSLETTERS, ETC.) -

THE PREPARATION AND DISSEMINATION OF JOURNALS AND NEWSLETTERS IN

VARIOUS PSYCHOLOGY DISCIPLINES TO INFORM MEMBERS AND OTHER

PSYCHOLOGY PROFESSIONALS ON PSYCHOLOGY ISSUES.

4c (Code _____) (Expenses \$ 705,573 including grants of \$ 364,569) (Revenue \$ _____)

AWARDS AND GRANTS -

VARIOUS AWARD PRESENTATIONS AND GRANTS TO FUND VARIOUS RESEARCH

PROJECTS IN PSYCHOLOGY.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 242,718 including grants of \$ _____) (Revenue \$ 18,790)

4e Total program service expenses **▶** 3,890,348.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 399	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 349 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 349		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 APA FINANCIAL SERVICE OFFICE 750 FIRST STREET NE WASHINGTON, DC 20002 (202) 336-5500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEX RUTHERFORD D01-PRESIDENT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(2) IRENE FRIEZE D01-PAST-PRESIDENT THRU 7/18	2.00 0.	X		X				0.	0.	0.
(3) DEBORAH JOHNSON D01-PAST-PRESIDENT AS OF 8/18	2.00 0.	X		X				0.	0.	0.
(4) LISA OSBECK D01-PRESIDENT-ELECT AS OF 8/18	2.00 0.	X		X				0.	0.	0.
(5) KASEY POWERS D01-SECRETARY AS OF 8/18	2.00 0.	X		X				0.	0.	0.
(6) DAVID DEVONIS D01-TREASURER	2.00 0.	X		X				0.	0.	0.
(7) MINDY ERCHULL D01-COUNCIL REPRESENTATIVE	2.00 0.	X						0.	0.	0.
(8) MARK SCIUTTO D01-MEMBER-AT-LARGE AS OF 8/18	2.00 0.	X						0.	0.	0.
(9) CLARE MEHTA D01-MEMBER-AT-LARGE AS OF 8/18	2.00 0.	X						0.	0.	0.
(10) ALICIA TROTMAN D01-MEMBER-AT-LARGE EC	2.00 0.	X						0.	0.	0.
(11) JOHN HOGAN D01-HISTORIAN	1.00 0.	X						0.	0.	0.
(12) GERIANNE ALEXANDER D01-JOURNAL EDITOR	5.00 0.	X						0.	0.	0.
(13) KELLI VAUGHN-JOHNSON D01-NEWSLETTER EDTR AS OF 8/18	2.00 0.	X						0.	0.	0.
(14) CHARLENE CHESTER D01-EARLY CAREER REP	2.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) IAN DAVIDSON D01-STUDENT REPRESENTATIVE	2.00 0.	X						0.	0.	0.
(16) PHYLLIS WENTWORTH D01-AWARDS COORDNTR AS OF 8/18	2.00 0.	X						0.	0.	0.
(17) SUSAN FRANTZ D02-PRESIDENT	20.00 0.	X		X				8,000.	0.	0.
(18) STEPHANIE AFFUL D02-SECRETARY	10.00 0.	X		X				0.	0.	0.
(19) JEFFREY HOLMES D02-TREASURER	10.00 0.	X		X				4,000.	0.	0.
(20) KENNETH KEITH D02-PAST PRESIDENT	10.00 0.	X		X				0.	0.	0.
(21) RICHARD MILLER D02-PRESIDENT-ELECT	10.00 0.	X		X				4,000.	0.	0.
(22) MEERA KOMARRAJU D02-VP FOR MEMBERSHIP	10.00 0.	X						0.	0.	0.
(23) AMY FINEBURG D02-VP FOR RECOGNITION & AWARD	10.00 0.	X						0.	0.	0.
(24) SUSAN NOLAN D02-VP FOR DIV & INT'L RELTNS	10.00 0.	X						0.	0.	0.
(25) ANGELA LEGG D02-VP FOR PROGRAMMING	10.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								136,000.	0.	0.
d Total (add lines 1b and 1c)								136,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) WILLIAM ALTMAN D02-VP FOR RESOURCES	10.00 0.	X						0.	0.	0.
(27) GARY VANDENBOS D12-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(28) JONATHAN COMER D12-PRESIDENT-ELECT/TCP EDITOR	6.00 0.	X		X				0.	0.	0.
(29) MICHAEL OTTO D12-PAST-PRESIDENT	1.00 0.	X		X				0.	0.	0.
(30) DEBORAH DRABICK D12-SECRETARY	2.00 0.	X		X				0.	0.	0.
(31) JONATHAN WEINAND D12-TREASURER	5.00 0.	X		X				0.	0.	0.
(32) MARK SOBELL D12-COUNCIL REP	1.00 0.	X						0.	0.	0.
(33) DANNY WEDDING D12-COUNCIL REP	1.00 0.	X						0.	0.	0.
(34) GUILLERMO BERNAL D12-COUNCIL REP	1.00 0.	X						0.	0.	0.
(35) KENNETH SHER D12-COUNCIL REP	1.00 0.	X						0.	0.	0.
(36) VICTOR MOLINARI D12-SECTION 2 REP	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) BOB KLEPAC D12-SECTION 3 REP	1.00 0.	X						0.	0.	0.
(38) KALYANI GOPAL D12-SECTION 4 REP	1.00 0.	X						0.	0.	0.
(39) VINCENZO TERAN D12-SECTION 6 REP	1.00 0.	X						0.	0.	0.
(40) ANDERS GORANSON D12-SECTION 7 REP	1.00 0.	X						0.	0.	0.
(41) DONNA LAPAGLIA D12-SECTION 8 REP	1.00 0.	X						0.	0.	0.
(42) PAUL ARBISI D12-SECTION 9 REP	1.00 0.	X						0.	0.	0.
(43) NATALIA POTAPOVA D12-SECTION 10 REP	1.00 0.	X						0.	0.	0.
(44) KIM PENBERTHY D12-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(45) A. DALE THOMPSON, PHD D13-PRESIDENT AS OF 2/18	20.00 0.	X		X				0.	0.	0.
(46) WILLIAM H. BERMAN, PHD D13-PRESIDENT-ELECT AS OF 2/18	5.00 0.	X		X				0.	0.	0.
(47) GREGORY PENNINGTON, PHD D13-PAST PRESIDENT THRU 2/18	5.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**.

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DEE R. RAMSEL D13-PAST PRESIDENT AS OF 2/18	5.00 0.	X		X				0.	0.	0.
(49) JANE FLOYD, PSYD D13-SECRETARY AS OF 2/18	5.00 0.	X		X				0.	0.	0.
(50) BRIAN A. BUFORD, PHD D13-TREASURER THRU 2/18	10.00 0.	X		X				0.	0.	0.
(51) BRYNN FREEMAN, PHD D13-TREASURER AS OF 2/18	10.00 0.	X		X				0.	0.	0.
(52) VICKI VANDAVEER, PHD D13-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(53) RANDALL P. WHITE, PHD D13-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(54) CAROLYN HUMPHREY D13-LEADER EXT REL AS OF 2/18	5.00 0.	X						0.	0.	0.
(55) MICHELLE A. DOWNEY, PSYD D13-DOMAIN LEADER COMMUNITY	5.00 0.	X						0.	0.	0.
(56) SCOTT SERVISS, PSYD D13-DOM LEADER EDUC AS OF 2/18	5.00 0.	X						0.	0.	0.
(57) MELANIE KISNER, PHD D13-DOM LDR EDUC AS THRU 2/18	5.00 0.	X						0.	0.	0.
(58) LARRY NORTON, PHD D13-DOM LDR RESRCH AS OF 2/18	5.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) KENNETH M. NOWACK D13-DOM LDR RESRCH THRU 7/18	5.00 0.	X		X				0.	0.	0.
(60) GALE SINATRA D15-PRESIDENT AS OF 8/18	35.00 0.	X		X				0.	0.	0.
(61) MICHAEL NUSSBAUM D15-PAST PRESIDENT AS OF 8/18	15.00 0.	X		X				0.	0.	0.
(62) BONNIE J. F MEYER D15-PAST PRESIDENT THRU 8/18	15.00 0.	X		X				0.	0.	0.
(63) HELENROSE FIVES D15-PRESIDENT-ELECT AS OF 8/18	4.00 0.	X		X				0.	0.	0.
(64) SCOTT MARLEY D15-SECRETARY THRU 8/18	8.00 0.	X		X				0.	0.	0.
(65) RAVETHY KUMAR D15-SECRETARY AS OF 8/18	4.00 0.	X		X				0.	0.	0.
(66) BEVERLY FAIRCLOTH D15-TREASURER	2.00 0.	X		X				0.	0.	0.
(67) AVI KAPLAN D15-REP TO APA COUNCIL	2.00 0.	X						0.	0.	0.
(68) SHARON NICHOLS D15-REP TO APA COUNCIL	2.00 0.	X						0.	0.	0.
(69) DELEON GRAY D15-MEMBER AT LARGE THRU 8/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) CYNTHIA HUDLEY D15-MEMBER AT LARGE THRU 8/18	1.00 0.	X						0.	0.	0.
(71) TIM URDAN D15-MEMBER AT LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(72) MEGHAN ECKER-LYSTER D15-MEMBER AT LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(73) CATHERINE FIORELLO D16-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(74) LEA THEODORE D16-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(75) MELISSA BRAY D16-PRESIDENT ELECT	5.00 0.	X		X				0.	0.	0.
(76) PRERNA AURORA D16-SECRETARY	5.00 0.	X		X				0.	0.	0.
(77) CYNTHIA RICCIO D16-TREASURER	5.00 0.	X		X				0.	0.	0.
(78) DAVID HULAC D16-VP-MEMBERSHIP	5.00 0.	X						0.	0.	0.
(79) JANINE JONES D16-VP-PROFESSIONAL AFFAIRS	5.00 0.	X						0.	0.	0.
(80) RIK D'AMATO D16-VP-CONVENTION & PUBLIC REL	5.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) MICHELLE PERFECT D16-VP-PUBLICATIONS	5.00 0.	X						0.	0.	0.
(82) M. FRANCIS CREPEAU-HOBSON D16-VP-ETSA	5.00 0.	X						0.	0.	0.
(83) YADIRA SANCHEZ D16-VP-SEREMA	5.00 0.	X						0.	0.	0.
(84) SAMUEL SONG D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(85) TAMMY HUGHES D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(86) BONNIE NASTASI D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(87) RUTH FASSINGER D17-PRESIDENT AS OF 8/18	20.00 0.	X		X				0.	0.	0.
(88) MARTIN HEESACKER D17-PAST PRESIDENT THRU 8/18	15.00 0.	X		X				0.	0.	0.
(89) ARPANA INMAN D17-PAST PRESIDENT AS OF 8/18	15.00 0.	X		X				0.	0.	0.
(90) ANNELESE SINGH D17-PRESIDENT ELECT AS OF 8/18	15.00 0.	X		X				0.	0.	0.
(91) AMY REYNOLDS D17-SECRETARY	10.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) SUSAN KASHUBECK-WEST D17-TREASURER	10.00 0.	X		X				0.	0.	0.
(93) DOROTHY ESPELAGE D17-VP, SCIENTIFIC AFFAIRS	10.00 0.	X						0.	0.	0.
(94) CIRLEEN DEBLAERE D17-VP, DIVERSITY & PUBLIC INT	10.00 0.	X						0.	0.	0.
(95) MICHAEL SCHEEL D17-VP, EDUCATION & TRAINING	10.00 0.	X						0.	0.	0.
(96) SHERYL BENTON D17-VP, PROFESSIONAL PRACTICE	10.00 0.	X						0.	0.	0.
(97) LISA FERDINAND D17-VP, PROFESSIONAL PRACTICE	10.00 0.	X						0.	0.	0.
(98) LOUISE DOUCE D17-VP, COMMUNICATION	10.00 0.	X						0.	0.	0.
(99) AYSE CIFTCI D17-VP, INTERNATIONAL AFFAIRS	10.00 0.	X						0.	0.	0.
(100) Y. BARRY CHUNG D17-COUNCIL REPRESENTATIVE	10.00 0.	X						0.	0.	0.
(101) BRYANA FRENCH D17-COUNCIL REPRESENTATIVE AS	10.00 0.	X						0.	0.	0.
(102) CANDACE CROWELL HARGONS D17-COUNCIL REPRESENTATIVE THR	10.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) ASHLEY RANDALL D17-COUNCIL REPRESENTATIVE AS	10.00 0.	X						0.	0.	0.
(104) MELANIE LANTZ D17-EARLY CAREER PROFS COMM CH	10.00 0.	X						0.	0.	0.
(105) ALLIE MINIERI D17-EARLY CAREER PROFS COMM CH	10.00 0.	X						0.	0.	0.
(106) ASHLEY SCHOENER D17-SAS REPRESENTATIVE	10.00 0.	X						0.	0.	0.
(107) SAM COLBERT D17-SAS REPRESENTATIVE	10.00 0.	X						0.	0.	0.
(108) MARK STAAL D19-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(109) STEPHEN BOWLES D19-PRESIDENT ELECT	5.00 0.	X		X				0.	0.	0.
(110) SALLY HARVEY D19-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(111) NATE AINSPAN D19-SECRETARY	3.00 0.	X		X				0.	0.	0.
(112) SCOTT JOHNSTON D19-TREASURER	3.00 0.	X		X				0.	0.	0.
(113) PAUL BARTONE D19-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) ARLENE SAITZYK D19-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(115) TATANA OLSON D19-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(116) CARRIE KENNEDY D19-COUNCIL REPRESENTATIVE	2.00 0.	X						0.	0.	0.
(117) JOSEPH RATH D22-PRESIDENT AS OF 8/18	10.00 0.	X		X				0.	0.	0.
(118) MICHELLE MEADE D22-PAST PRESIDENT AS OF 8/18	10.00 0.	X		X				0.	0.	0.
(119) LISA BRENNER D22-PAST PRESIDENT THRU 7/18	10.00 0.	X		X				0.	0.	0.
(120) DANA DUNN D22-PRESIDENT ELECT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(121) STEPHANIE REID ARNDT D22-SECRETARY	2.00 0.	X		X				0.	0.	0.
(122) KIMBERLEY MONDEN D22-TREASURER	2.00 0.	X		X				0.	0.	0.
(123) SARAH RASKIN D22-MEMBER AT LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(124) JANET NIEMEIER D22-MEMBER AT LARGE THRU 7/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) MARLENE VEGA D22-MEMBER AT LARGE THRU 7/18	1.00 0.	X						0.	0.	0.
(126) PAMELA FITZPATRICK D22-MEMBER AT LARGE THRU 7/18	1.00 0.	X						0.	0.	0.
(127) PAUL PERRIN D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(128) JENNIFER DUCHNICK D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(129) CARRIE PILARSKI D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(130) ABBEY HUGHES D22-MEMBER AT LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(131) MARK BARISA D22-MEMBER AT LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(132) KIM GORGENS D22-REPRESENTATIVE TO COUNCIL	1.00 0.	X						0.	0.	0.
(133) LINDA MONA D22-REPRESENTATIVE TO COUNCIL	1.00 0.	X						0.	0.	0.
(134) FERZEEN PATEL D22-EARLY CAREER REP	1.00 0.	X						0.	0.	0.
(135) CONNIE SUNG D22-EARLY CAREER REP	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) MADISON MACKENZIE D22-STUDENT REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(137) CAROL ROSEN D22-SECTION 1: PEDIATRICS	1.00 0.	X						0.	0.	0.
(138) EUN-JEONG LEE D22-SECTION 2: WOMEN'S ISSUES	1.00 0.	X						0.	0.	0.
(139) MIA BERGMAN D22-SECTION 2: WOMEN'S ISSUES	1.00 0.	X						0.	0.	0.
(140) BRAD OLSON D27-PRESIDENT AS OF 8/18	10.00 0.	X		X				0.	0.	0.
(141) YOLANDA SUAREZ-BALCAZAR D27-PAST PRESIDENT AS OF 8/18	10.00 0.	X		X				0.	0.	0.
(142) SUSAN MCMAHON D27-PAST PRESIDENT THRU 7/18	10.00 0.	X		X				0.	0.	0.
(143) SUSAN TORRES-HARDING D27-PRESIDENT-ELECT AS OF 8/18	10.00 0.	X		X				0.	0.	0.
(144) JAMES EMSHOFF D27-TREASURER THRU 7/18	10.00 0.	X		X				0.	0.	0.
(145) JAMES COOK D27-TREASURER AS OF 7/18	10.00 0.	X		X				0.	0.	0.
(146) ELIZABETH THOMAS D27-SECRETARY	10.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) CHIARA SABINA D27-MEMBER-AT-LARGE THRU 7/18	5.00 0.	X						0.	0.	0.
(148) MELISSA STROMPOLIS D27-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(149) CAROLYN TOMPSETT D27-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(150) NOE CHAVEZ D27-MEMBER-AT-LARGE AS OF 8/18	5.00 0.	X						0.	0.	0.
(151) JAIMELEE BEHRENDT-MIHALSKI D27-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(152) ERIN GODLY-REYNOLDS D27-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(153) JOY AGNER D27-STUDENT REP AS OF 8/18	5.00 0.	X						0.	0.	0.
(154) SCOTNEY EVANS D27-NAT'L REGIONAL COORDINATOR	5.00 0.	X						0.	0.	0.
(155) ANNE BOGAT D27-PUBLICATIONS COMM CHAIR	5.00 0.	X						0.	0.	0.
(156) NICOLE ALLEN D27-AJCP EDITOR	5.00 0.	X						0.	0.	0.
(157) SUSAN WOLFE D27-TCP EDITOR	5.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) SIMON COLUMBE D27-COUNCIL ON EDUCATION REP	5.00 0.	X						0.	0.	0.
(159) NICOLE FREUND D27-PRACTICE COUNCIL REP	5.00 0.	X						0.	0.	0.
(160) JESICA SIHAM-FERNANDEZ D27-CNCL ON CULTURAL, ETHNIC	5.00 0.	X						0.	0.	0.
(161) CHRIS KEYS D27-RESEARCH COUNCIL	5.00 0.	X						0.	0.	0.
(162) MICHAEL CONSTANTINO D29-PRESIDENT	2.00 0.	X		X				0.	0.	0.
(163) JEFFREY ZIMMERMAN D29-PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
(164) NANCY MURDOCK D29-PRESIDENT-ELECT	2.00 0.	X		X				0.	0.	0.
(165) JESSE OWEN D29-TREASURER	2.00 0.	X		X				0.	0.	0.
(166) REBECCA AMETRANO D29-SECRETARY	2.00 0.	X		X				0.	0.	0.
(167) ELIZABETH NUTT WILLIAMS D29-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(168) LILLIAN COMAS-DIAZ D29-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) SUSAN WOODHOUSE D29-SCIENCE & SCHOLARSHIP DOM	1.00 0.	X						0.	0.	0.
(170) FRED LEONG D29-INT'L AFFAIRS DOMAIN REP	1.00 0.	X						0.	0.	0.
(171) JEAN BIRBILIS D29-MEMBERSHIP DOMAIN REP	1.00 0.	X						0.	0.	0.
(172) LEIGH-ANN CARTER D29-EARLY CAREER PSYCHOLOGISTS	1.00 0.	X						0.	0.	0.
(173) LAVITA NADKARNI D29-PUB INT & SOCIAL JUSTICE	1.00 0.	X						0.	0.	0.
(174) GARY HOWELL D29-DIVERSITY DOMAIN REP	1.00 0.	X						0.	0.	0.
(175) ROSEMARY PHELPS D29-DIVERSITY DOMAIN REP	1.00 0.	X						0.	0.	0.
(176) JENNIFER CALLAHAN D29-EDUCATION & TRAINING DOM	1.00 0.	X						0.	0.	0.
(177) BARBARA THOMPSON D29-PSYCHOTHERAPY PRACTICE DOM	1.00 0.	X						0.	0.	0.
(178) NICHOLAS MORRISON D29-STUDENT REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(179) MARGARET SIGNORELLA D35-PRESIDENT THRU 8/18	6.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) YUYING TSONG D35-PRESIDENT AS OF 8/18	8.00 0.	X		X				25,000.	0.	0.
(181) OLIVIA MOOREHEAD-SLAUGHTER D35-PAST PRESIDENT THRU 8/18	4.00 0.	X		X				0.	0.	0.
(182) BRAVADA GARRETT AKINSANYA D35-PAST PRES THRU 8/18	1.00 0.	X		X				0.	0.	0.
(183) KATRINA ALEXANDER D35-SECRETARY THRU 8/18	5.00 0.	X		X				0.	0.	0.
(184) CARRIE CASTENADA SOUND D35-SECRETARY AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(185) KAROL DEAN D35-TREASURER	5.00 0.	X		X				0.	0.	0.
(186) DEBRA KAWAHARA D35-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(187) PAMELA REMER D35-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(188) LINDA WOOLF D35-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(189) KEIKO MCCULLOUGH D35-STUDENT REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(190) MICHELE SANTIAGO D35-PROFESSIONAL REP	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) CASHUNA HUDDLESTON D35-SECTION 1 PRES THRU 8/18	3.00 0.	X						0.	0.	0.
(192) COLLETTE CHAPMAN-HILLARD D35-SECTION 1 PRES AS OF 8/18	3.00 0.	X						0.	0.	0.
(193) BIANCA GUZMAN D35-SECTION 3 PRES THRU 8/18	3.00 0.	X						0.	0.	0.
(194) YVETTE FLORES D35-SECTION 3 PRES AS OF 8/18	3.00 0.	X						0.	0.	0.
(195) ELLIOTT TEBBE D35-SECTION 4 PRESIDENT	3.00 0.	X						0.	0.	0.
(196) IVY HO D35-SECTION 5 PRESIDENT	3.00 0.	X						0.	0.	0.
(197) ANITA MIHECOBY D35-SECTION 6 PRESIDENT	3.00 0.	X						0.	0.	0.
(198) TIM SISEMORE D36-PRESIDENT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(199) ANNETTE MAHONEY D36-PAST PRESIDENT AS OF 8/18	3.00 0.	X		X				0.	0.	0.
(200) DOUG OMAN D36-PAST PRESIDENT THRU 7/18	1.00 0.	X		X				0.	0.	0.
(201) KEVIN MASTERS D36-PRESIDENT ELECT AS OF 7/18	1.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) EDWARD (WARD) B. DAVIS D36-TREASURER	3.00 0.	X		X				0.	0.	0.
(203) AMY WACHHOLTZ D36-SECRETARY	1.00 0.	X		X				0.	0.	0.
(204) SARAH SCHNITKER D36-MEMBER-AT-LARGE THRU 7/18	1.00 0.	X						0.	0.	0.
(205) ANDY JOHNSON D36-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(206) LAIRD EDMAN D36-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(207) JENNIFER RIPLEY D36-MEMBER-AT-LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(208) THOMAS PLANTE D36-COUNCIL MEMBER	2.00 0.	X						0.	0.	0.
(209) KARI O'GRADY D36-COUNCIL MEMBER	2.00 0.	X						0.	0.	0.
(210) JUSTIN M. NASH D38-PRES, CO-CHAIR OF LONG RNG	5.00 0.	X		X				0.	0.	0.
(211) DAWN K. WILSON D38-PAST PRES, AWARDS COMM CHR	3.00 0.	X		X				0.	0.	0.
(212) NANCY RUDDY D38-PRESIDENT-ELECT, CO-CHAIR	3.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) BARBARA CUBIC D38-TREASURER/SECRETARY	3.00 0.	X		X				0.	0.	0.
(214) DANIEL BRUNS D38-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(215) TERESA FECTEAU D38-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(216) JOHN M. RUIZ D38-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(217) RONALD ROZENSKY D38-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(218) RICHARD SEIME D38-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(219) V. BARRY DAUPHIN D39-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(220) DENNIS DEBIAK D39-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(221) LARA SHEEHI D39-SECRETARY	10.00 0.	X		X				0.	0.	0.
(222) JILL BELLINSON D39-TREASURER	10.00 0.	X		X				0.	0.	0.
(223) ARLENE LU STEINBERG D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) BRYANT WELCH D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(225) MARY BETH CRESCI D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(226) STEVEN REISNER D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(227) STEPHEN SOLDZ D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(228) DANA CHARATAN D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(229) DAVID DOWNING D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(230) MATTHEW LEROY D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(231) JOHANNA MALONE D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(232) JOANN PONDER D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(233) SCOTT PYTLUK D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(234) SHARA SAND D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) KIRKLAND VAUGHANS D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(236) PRATYUSHA TUMMALA-NARRA D39-BOARD MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(237) ALBERT BROK D39-SECTION I REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(238) VIRGINIA SHILLER D39-SECTION II REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(239) MARILYN METZL D39-SECTION III REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(240) JOSEPH SCHALLER D39-SECTION IV REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(241) GHISLAINE BOULANGER D39-SECTION V REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(242) ANTONIA HALTON D39-SECTION VIII REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(243) ALICE SHAW D39-SECTION IX REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(244) MICHAEL MCCREA D40-PRESIDENT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(245) MARK BONDI D40-PAST PRESIDENT THRU 7/18	2.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) DOUG JOHNSON-GREENE D40-PAST PRESIDENT AS OF 8/18	10.00 0.	X		X				0.	0.	0.
(247) RODNEY VANDERPLOEG D40-PRESIDENT ELECT AS OF 8/18	2.00 0.	X		X				0.	0.	0.
(248) AMY JAK D40-SECRETARY	2.00 0.	X		X				0.	0.	0.
(249) KEVIN DUFF D40-TREASURER THRU 7/18	2.00 0.	X		X				0.	0.	0.
(250) JUSTIN MILLER D40-TREASURER AS OF 8/18	2.00 0.	X		X				0.	0.	0.
(251) LISA DELANO-WOOD D40-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(252) TERESA DEER D40-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(253) JENNIFER KOOP D40-MEMBER-AT-LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(254) APRIL THAMES D40-MEMBER-AT-LARGE THRU 7/18	1.00 0.	X						0.	0.	0.
(255) CYNTHIA KUBU D40-COUNCIL REPRESENTATIVE	2.00 0.	X						0.	0.	0.
(256) CHERYL SILVER D40-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) JOANNE FESTA D40-COUNCIL REPRESENTATIVE AS	1.00 0.	X						0.	0.	0.
(258) MICHAEL BASSO D40-COUNCIL REPRESENTATIVE AS	1.00 0.	X						0.	0.	0.
(259) HEATHER BELANGER D40-COUNCIL REP THRU 8/18	1.00 0.	X						0.	0.	0.
(260) KEVIN DOUGLAS, PH.D. D41-PRESIDENT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(261) EVE BRANK, J.D., PH. D. D41-PAST PRESIDENT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(262) JENNIFER WOOLARD, PH.D. D41-PAST PRESIDENT THRU 7/18	6.00 0.	X		X				0.	0.	0.
(263) JENNIFER GROSCUP, J. D., PH.D. D41-PRESIDENT ELECT AS OF 8/18	5.00 0.	X		X				0.	0.	0.
(264) LORA LEVETT, PH.D. D41-SECRETARY	2.00 0.	X		X				0.	0.	0.
(265) VANESSA EDKINS, PH.D. D41-TREASURER	5.00 0.	X		X				0.	0.	0.
(266) TESS NEAL, PH.D. D41-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(267) JENNIFER HUNT, PH.D. D41-MEMBER-AT-LARGE THRU 7/18	1.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) LINDSAY MALLOY, PH.D. D41-MEMBER-AT-LARGE AS OF 8/18	1.00 0.	X						0.	0.	0.
(269) MATTHEW HUSS, PH.D. D41-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(270) THOMAS GRISSE, PH.D. D41-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(271) JASON CANTONE, PH.D. D41-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(272) JOEL LIEBERMAN, PH.D. D41-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(273) KATHERINE HAZEN D41-STUDENT COMM CR AS OF 8/18	1.00 0.	X						0.	0.	0.
(274) AMANDA REED D41-STUDENT COMM CHR THRU 8/18	1.00 0.	X						0.	0.	0.
(275) PAULINE WALLIN D42-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(276) KEVIN ARNOLD D42-PRESIDENT ELECT	10.00 0.	X		X				0.	0.	0.
(277) NORMAN ABELES D42-PAST PRESIDENT	10.00 0.	X		X				0.	0.	0.
(278) MICHAEL SCHWARTZ D42-SECRETARY	10.00 0.	X		X				0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) GERALD KOOCHER D42-TREASURER	10.00 0.	X		X				0.	0.	0.
(280) LAUREN BEHRMAN D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(281) LINDSEY BUCKMAN D42-DIVERSITY MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(282) ELAINE DUCHARME D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(283) SAM MARZOUK D42-STUDENT MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(284) PETER OPPENHEIMER D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(285) JUDITH PATTERSON D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(286) DAVID SHAPIRO D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(287) AMY VAN ARSDALE D42-ECP MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(288) ARMAND CERBONE D42-DIVERSITY APA COUNCIL REPR	3.00 0.	X						0.	0.	0.
(289) LISA GROSSMAN D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) NANCY MOLITOR D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(291) ROBERT J RESNICK D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(292) LENORE WALKER D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(293) JEFFREY YOUNGGREN D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(294) MARGARET ROSARIO, PH.D. D44-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(295) DAVID PANTALONE, PH.D. D44-PAST-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(296) GARY HOWELL, PH.D. D44-PRESIDENT ELECT	10.00 0.	X		X				0.	0.	0.
(297) ANTIONETTE KAVANAUGH, PH.D. D44-SECRETARY	5.00 0.	X		X				0.	0.	0.
(298) ERIN DENEKE, PH.D. D44-TREASURER	5.00 0.	X		X				0.	0.	0.
(299) ARLENE NORIEGA, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(300) MICHAEL HENDRICKS, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) TERRY GOCK, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(302) FRANCO DISPENZA, PH.D. D44-3RD YEAR MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(303) MELISSA GREY, PH.D. D44-2ND YEAR MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(304) CARLTON EVERETT GREEN, PH.D. D44-1ST YEAR MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(305) REBEKAH INGRAM ESTEVEZ D44-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(306) ALVIN ALVAREZ D45-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(307) HELEN NEVILLE D45-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(308) LISA REY-THOMAS D45-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
(309) BRIDGETTE PETEET D45-SECRETARY	10.00 0.	X		X				0.	0.	0.
(310) JAE-YEON JEONG D45-TREASURER	5.00 0.	X		X				0.	0.	0.
(311) JOYCE CHU D45-TREASURER	5.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) HECTOR ADAMES D45-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(313) JOSEPH GONE D45-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(314) DESA DANIEL D45-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(315) DORIS CHANG D45-MEMBER-AT-LARGE, ASIAN SLA	5.00 0.	X						0.	0.	0.
(316) NAYELI CHAVEZ D45-MEMBER-AT-LARGE, LATINO/A	5.00 0.	X						0.	0.	0.
(317) GERMINE AWAD D45-MEMBER-AT-LARGE, MENA SLAT	5.00 0.	X						0.	0.	0.
(318) MARTINIQUE JONES D45-MEMBER-AT-LARGE, DIVERSITY	5.00 0.	X						0.	0.	0.
(319) ALISON CEREZO D45-MEMBER-AT-LARGE, LGBTQ SLA	5.00 0.	X						0.	0.	0.
(320) ROBYN GOBIN D45-MEMBER-AT-LARGE, AFRICAN A	5.00 0.	X						0.	0.	0.
(321) MELISSA TEHEE D45-MEMBER-AT-LARGE, NATIVE SL	5.00 0.	X						0.	0.	0.
(322) SU YEONG KIM D45-CDEMP EDITOR	20.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) ALICE LOCICERO D48-PRESIDENT	7.00 0.	X		X				0.	0.	0.
(324) SCOTT MOESCHBERGER D48-PAST-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(325) SERDAR M. DEGIRMENCIOGLU D48-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
(326) ANGELA WALTON D48-SECRETARY	5.00 0.	X		X				0.	0.	0.
(327) JULIE MERANZE LEVITT D48-TREASURER	5.00 0.	X		X				0.	0.	0.
(328) EDUARDO DIAZ D48-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(329) GIANINA PELLEGRINI D48-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(330) LINDEN NELSON D48-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(331) HENRIETTE VAN ECK D48-MEMBERSHIP CHAIR	5.00 0.	X						0.	0.	0.
(332) CECILIA YOCUM D48-COUNCIL OF REPRESENTATIVES	5.00 0.	X						0.	0.	0.
(333) FRANK FARLEY D48-COUNCIL OF REPRESENTATIVES	5.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) GEORGE TASCA D49-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(335) MARTYN WHITTINGHAM D49-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
(336) CRAIG PARKS D49-PAST-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(337) AMY NITZA D49-TREASURER	5.00 0.	X		X				0.	0.	0.
(338) JOE MILES D49-SECRETARY	5.00 0.	X		X				0.	0.	0.
(339) SALLY BARLOW D49-REPRESENTATIVE TO GOV	5.00 0.	X						0.	0.	0.
(340) MISHA BOGOMAZ D49-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(341) VERLIN HINSZ D49-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(342) JENNIFER ALONSO MARTIN D49-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(343) NICOLE COLEMAN D49-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(344) MICHELLE RIBEIRO D49-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) JENNIFER BUCKMAN, PH.D. D50-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(346) LINDA SOBELL, PH.D. D50-PRES-ELECT; COUNCIL REP	6.00 0.	X		X				0.	0.	0.
(347) BRUCE LIESE, PH.D. D50-PAST PRESIDENT	3.00 0.	X		X				0.	0.	0.
(348) LINDA SKALSKI, PH.D. D50-SECRETARY	2.00 0.	X		X				0.	0.	0.
(349) TY SCHEPIS, PH.D. D50-TREASURER	3.00 0.	X		X				0.	0.	0.
(350) JAMES BRAY, PH.D. D50-COUNCIL REP (PRACTICE)	1.00 0.	X						0.	0.	0.
(351) MONICA WEBB-HOOPER, PH.D. D50-MEMBER-AT-LARGE (PUB INT)	1.00 0.	X						0.	0.	0.
(352) KIRK BOWDEN, PH.D. D50-MEMBER-AT-LARGE (SCIENCE)	1.00 0.	X						0.	0.	0.
(353) PAUL STASIEWICZ, PH.D. D50-MEMBER-AT-LARGE (PRACTICE)	1.00 0.	X						0.	0.	0.
(354) BRANDON BERGMAN, PH.D. D50-SECRETARY THRU 8/18	2.00 0.	X						0.	0.	0.
(355) JENNIFER READ, PH.D. D50-MEMBER-AT-LARGE (SCIENCE)	1.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**.

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) STEVEN LEE D53-PRESIDENT	3.00 0.	X		X				0.	0.	0.
(357) ERIC YOUNGSTROM D53-PRESIDENT ELECT	3.00 0.	X		X				0.	0.	0.
(358) MITCHELL PRINSTEIN D53-PAST PRESIDENT	1.00 0.	X		X				0.	0.	0.
(359) DAVID LANGER D53-TREASURER	4.00 0.	X		X				0.	0.	0.
(360) JONATHAN COMER D53-SECRETARY	2.00 0.	X		X				0.	0.	0.
(361) MARY FRISTAD D53-COUNCIL REP	3.00 0.	X						0.	0.	0.
(362) TIMOTHY CAVELL D53-COUNCIL REP	3.00 0.	X						0.	0.	0.
(363) YOLANDA JACKSON D53-MEMBER AT LARGE	2.00 0.	X						0.	0.	0.
(364) AMANDA JENSEN DOSS D53-MEMBER AT LARGE	2.00 0.	X						0.	0.	0.
(365) TARA PERIS D53-MEMBER AT LARGE	2.00 0.	X						0.	0.	0.
(366) ANN MCGRATH DAVIS, PHD, ABPP D54-PRESIDENT	5.00 0.	X		X				0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) CELIA M. LESCANO, PHD D54-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(368) DAVID ELKIN, PHD D54-PRESIDENT ELECT	5.00 0.	X		X				0.	0.	0.
(369) CHRISTINE T. CHAMBERS, PHD D54-SECRETARY	5.00 0.	X		X				0.	0.	0.
(370) CYNTHIA A. GERHARDT, PHD D54-TREASURER	5.00 0.	X		X				0.	0.	0.
(371) ELEANOR MACKEY, PHD D54-MEMBER AT LARGE-TRAINEE	5.00 0.	X						0.	0.	0.
(372) JESSICA M. VALENZUELA, PHD D54-MEMBER AT LARGE-DIVERSITY	5.00 0.	X						0.	0.	0.
(373) JENNIFER A. HANSEN-MOORE, PHD D54-MEMBER A LARGE-CONTINUING	5.00 0.	X						0.	0.	0.
(374) ANNE KAZAK, PHD, ABPP D54-APA COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(375) KATIE DEVINE, PHD, MPH D54-MEMBER AT LARGE-MEMBERSHIP	5.00 0.	X						0.	0.	0.
(376) JEANNETTE ISKANDER, MA D54-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(377) DIANE T. CASTILLO D56-PRESIDENT	3.00 0.	X		X				0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**.

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) ELIZABETH CARLL D56-PAST-PRESIDENT, NOMS	3.00 0.	X		X				0.	0.	0.
(379) SYLVIA MAROTTA-WALTERS D56-PRESIDENT-ELECT	3.00 0.	X		X				0.	0.	0.
(380) KATHLEEN KENDALL-TACKETT D56-SECRETARY, CHF JOURNAL ED	3.00 0.	X		X				0.	0.	0.
(381) LISA ROCCHIO D56-TREASURER, FINANCE COMM	3.00 0.	X		X				0.	0.	0.
(382) DAWN HUGHES D56-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(383) STEVEN N. GOLD D56-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(384) CHRISTINE VALDEZ D56-EARLY CAREER REP	1.00 0.	X						0.	0.	0.
(385) DIVYA KANAAN D56-MEMBER-AT-LARGE, DIVERSITY	1.00 0.	X						0.	0.	0.
(386) CARLOS CUEVAS D56-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(387) ROBYN GOBIN D56-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(388) SHERRY WILCOX D56-PROFESSIONAL AFFILIATE REP	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) LEAH KAYLOR D56-STUDENT REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(390) VANESSA SIMIOLA D56-AWARDS COMMITTEE	1.00 0.	X						0.	0.	0.
(391) AMY ELLIS D56-AWARDS COMMITTEE	1.00 0.	X						0.	0.	0.
(392) BRYANN DEBEER D56-CONVENTION PROGRAM COMMITTEE	1.00 0.	X						0.	0.	0.
(393) DELISHIA PITTMAN D56-CONVENTION PROGRAM COMMITTEE	1.00 0.	X						0.	0.	0.
(394) GILBERT REYES D56-DISASTER RELIEF COMMITTEE	1.00 0.	X						0.	0.	0.
(395) BEKH BRADLEY-DAVINO D56-DIVERSITY & MULTICULTURAL	1.00 0.	X						0.	0.	0.
(396) BETHANY BRAND D56-EDUCATION AND TRAINING COM	1.00 0.	X						0.	0.	0.
(397) JANNA A. HENNING D56-EDUCATION AND TRAINING COM	1.00 0.	X						0.	0.	0.
(398) GEORGE RHOADES D56-WEBINAR COMMITTEE	1.00 0.	X						0.	0.	0.
(399) LAURIE ANNE PEARLMAN D56-FELLOWS COMMITTEE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) JACK TSAI D56-LIAISON COMMITTEE, PUBS	1.00 0.	X						0.	0.	0.
(401) ERIN HAMBRICK D56-MEMBERSHIP COMMITTEE	1.00 0.	X						0.	0.	0.
(402) JOSH RINKER D56-MEMBERSHIP COMMITTEE	1.00 0.	X						0.	0.	0.
(403) DIANE ELMORE D56-POLICY COMMITTEE	1.00 0.	X						0.	0.	0.
(404) PAUL FREWEN D56-PRACTICE COMMITTEE	1.00 0.	X						0.	0.	0.
(405) CONSTANCE DALENBERG D56-SCIENCE COMMITTEE	1.00 0.	X						0.	0.	0.
(406) SEDA TERZYAN D56-SPECIAL INTEREST GROUPS	1.00 0.	X						0.	0.	0.
(407) CHRISTOPHER DECOU D56-LISTSERV MANAGER	1.00 0.	X						0.	0.	0.
(408) ANNE P. DEPRINCE D56-MONOGRAPH SERIES CO-EDITOR	1.00 0.	X						0.	0.	0.
(409) ANN CHU D56-MONOGRAPH SERIES CO-EDITOR	1.00 0.	X						0.	0.	0.
(410) BRYAN REUTHER D56-NEWSLETTER EDITOR	1.00 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

[illegible]

1b Sub-total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0.

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	▶
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	1,573,424			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	330,677			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total Add lines 1a-1f		1,904,101			
Program Service Revenue				Business Code			
	2a	REGISTRATION FEES/WORKSHOP/CE	900099	646,266	646,266		
	b	VARIOUS CONFERENCES	900099	133,209	133,209		
	c	JOURNAL REVENUE	900099	396,339	396,339		
	d	JOURNAL EDITORIAL SUPPORT	900099	88,927	88,927		
	e						
	f	All other program service revenue					
	g	Total Add lines 2a-2f		1,264,741			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		617,126			617,126
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		2,628,061			2,628,061
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
				4,498,524			
	b	Less cost or other basis and sales expenses		4,257,790			
	c	Gain or (loss)		240,734			
	d	Net gain or (loss)		240,734			240,734
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b	Less direct expenses	b	0			
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a	0			
	b	Less direct expenses	b	0			
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	EDITOR STIPEND/ALLOWANCE	541900	467,411	467,411			
b	BROCHURES/NOVELTY ITEMS	900099	11,321	11,321			
c	ADVERTISING	541800	1,035		1,035		
d	All other revenue		7,469	7,469			
e	Total Add lines 11a-11d		487,236				
12	Total revenue. See instructions		7,141,999	1,750,942	1,035	3,485,921	

Part IX. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	310,719.	310,719.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,850.	33,850.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	380,911.	49,523.	331,388.	
b Legal	0.			
c Accounting	8,663.		8,663.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	137,728.		137,728.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 2	891,921.	269,997.	621,924.	
12 Advertising and promotion	18,899.	17,208.	1,691.	
13 Office expenses	318,925.	148,719.	170,206.	
14 Information technology	177,989.	6,398.	171,591.	
15 Royalties	57,267.	57,267.		
16 Occupancy	0.			
17 Travel	823,473.	439,628.	383,845.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,730,610.	1,446,219.	277,881.	6,510.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	500.		500.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HONORARIUM/STIPEND	782,201.	592,457.	189,744.	
b AWARDS	332,162.	331,056.	1,106.	
c CONTRIBUTIONS/DONATIONS	156,327.	104,177.	51,700.	450.
d EDUCATION/WORKSHOPS	27,268.	24,068.	3,200.	
e All other expenses	57,916.	39,062.	18,854.	
25 Total functional expenses. Add lines 1 through 24e	6,267,329.	3,890,348.	2,370,021.	6,960.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	966,731.	1	1,024,006.
	2 Savings and temporary cash investments	7,266,713.	2	6,684,379.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	428,911.	4	903,330.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	230,254.	9	236,138.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		
	11 Investments - publicly traded securities	17,752,198.	11	17,070,692.
	12 Investments - other securities See Part IV, line 11	0.	12	0.
	13 Investments - program-related See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	517.	15	476.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,645,324.	16	25,919,021.	
Liabilities	17 Accounts payable and accrued expenses	292,162.	17	253,063.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,163,340.	19	982,841.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,455,502.	26	1,235,904.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	24,122,387.	27	23,866,214.
	28 Temporarily restricted net assets	1,067,435.	28	816,903.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	25,189,822.	33	24,683,117.
	34 Total liabilities and net assets/fund balances.	26,645,324.	34	25,919,021.

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,141,999.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,267,329.
3	Revenue less expenses Subtract line 2 from line 1	3	874,670.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,189,822.
5	Net unrealized gains (losses) on investments	5	-1,483,775.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-1,149.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	103,549.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,683,117.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

07

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2018

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,201,603	2,244,808	2,395,478	1,993,188	1,904,101	10,739,178
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	2,201,603	2,244,808	2,395,478	1,993,188	1,904,101	10,739,178
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4						10,739,178

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	2,201,603	2,244,808	2,395,478	1,993,188	1,904,101	10,739,178
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,446,044	2,514,311	3,202,543	2,830,475	3,245,187	14,238,560
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,191	9,145	3,930	2,320	1,035	20,621
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support. Add lines 7 through 10						24,998,359
12 Gross receipts from related activities, etc. (see instructions)					12	10,068,110
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	42.96%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	46.41%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		3,890,348.	
e Total exempt purpose expenditures (add lines 1c and 1d)		3,890,348.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns		344,517.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is.		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		86,129.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	361,945.	350,304.	345,156.	344,517.	1,401,922.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,102,883.
c Total lobbying expenditures					
d Grassroots nontaxable amount	90,486.	87,576.	86,289.	86,129.	350,480.
e Grassroots ceiling amount (150% of line 2d, column (e))					525,720.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

GROUP RETURN

Employer identification number

54-1572590

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ Public exhibition
☐ Scholarly research
☐ Preservation for future generations
- ☐ Loan or exchange programs
☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- c Beginning balance

	Amount
1c	
1d	
1e	
1f	

- | | | |
|--------------------------------------------------------------------------------------------------------------------|-----|----|
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | Yes | No |
|--------------------------------------------------------------------------------------------------------------------|-----|----|

- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	4,082,479.	3,458,433.	3,114,796.	2,952,855.	2,516,448.
b Contributions	110,000.	80,000.	200,000.	200,000.	400,000.
c Net investment earnings, gains, and losses	-149,882.	562,557.	160,144.	-38,059.	69,536.
d Grants or scholarships					
e Other expenditures for facilities and programs	130,000.				
f Administrative expenses	19,639.	18,511.	16,507.		33,129.
g End of year balance	3,892,958.	4,082,479.	3,458,433.	3,114,796.	2,952,855.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 100.0000 %

- | | Permanent endowment | Temporary endowment |
|----------------------------|---------------------|---------------------|
| 1. $\frac{1}{1+r}$ | 0.9091 | 0.9091 |
| 2. $\frac{1}{(1+r)^2}$ | 0.8264 | 0.8264 |
| 3. $\frac{1}{(1+r)^3}$ | 0.7513 | 0.7513 |
| 4. $\frac{1}{(1+r)^4}$ | 0.6769 | 0.6769 |
| 5. $\frac{1}{(1+r)^5}$ | 0.6050 | 0.6050 |
| 6. $\frac{1}{(1+r)^6}$ | 0.5386 | 0.5386 |
| 7. $\frac{1}{(1+r)^7}$ | 0.4779 | 0.4779 |
| 8. $\frac{1}{(1+r)^8}$ | 0.4221 | 0.4221 |
| 9. $\frac{1}{(1+r)^9}$ | 0.3714 | 0.3714 |
| 10. $\frac{1}{(1+r)^{10}}$ | 0.3257 | 0.3257 |
| 11. $\frac{1}{(1+r)^{11}}$ | 0.2843 | 0.2843 |
| 12. $\frac{1}{(1+r)^{12}}$ | 0.2469 | 0.2469 |
| 13. $\frac{1}{(1+r)^{13}}$ | 0.2134 | 0.2134 |
| 14. $\frac{1}{(1+r)^{14}}$ | 0.1831 | 0.1831 |
| 15. $\frac{1}{(1+r)^{15}}$ | 0.1559 | 0.1559 |
| 16. $\frac{1}{(1+r)^{16}}$ | 0.1311 | 0.1311 |
| 17. $\frac{1}{(1+r)^{17}}$ | 0.1084 | 0.1084 |
| 18. $\frac{1}{(1+r)^{18}}$ | 0.0885 | 0.0885 |
| 19. $\frac{1}{(1+r)^{19}}$ | 0.0707 | 0.0707 |
| 20. $\frac{1}{(1+r)^{20}}$ | 0.0554 | 0.0554 |
| 21. $\frac{1}{(1+r)^{21}}$ | 0.0422 | 0.0422 |
| 22. $\frac{1}{(1+r)^{22}}$ | 0.0311 | 0.0311 |
| 23. $\frac{1}{(1+r)^{23}}$ | 0.0226 | 0.0226 |
| 24. $\frac{1}{(1+r)^{24}}$ | 0.0164 | 0.0164 |
| 25. $\frac{1}{(1+r)^{25}}$ | 0.0121 | 0.0121 |
| 26. $\frac{1}{(1+r)^{26}}$ | 0.0089 | 0.0089 |
| 27. $\frac{1}{(1+r)^{27}}$ | 0.0065 | 0.0065 |
| 28. $\frac{1}{(1+r)^{28}}$ | 0.0048 | 0.0048 |
| 29. $\frac{1}{(1+r)^{29}}$ | 0.0035 | 0.0035 |
| 30. $\frac{1}{(1+r)^{30}}$ | 0.0026 | 0.0026 |
| 31. $\frac{1}{(1+r)^{31}}$ | 0.0019 | 0.0019 |
| 32. $\frac{1}{(1+r)^{32}}$ | 0.0014 | 0.0014 |
| 33. $\frac{1}{(1+r)^{33}}$ | 0.0010 | 0.0010 |
| 34. $\frac{1}{(1+r)^{34}}$ | 0.0007 | 0.0007 |
| 35. $\frac{1}{(1+r)^{35}}$ | 0.0005 | 0.0005 |
| 36. $\frac{1}{(1+r)^{36}}$ | 0.0004 | 0.0004 |
| 37. $\frac{1}{(1+r)^{37}}$ | 0.0003 | 0.0003 |
| 38. $\frac{1}{(1+r)^{38}}$ | 0.0002 | 0.0002 |
| 39. $\frac{1}{(1+r)^{39}}$ | 0.0001 | 0.0001 |
| 40. $\frac{1}{(1+r)^{40}}$ | 0.0001 | 0.0001 |
| 41. $\frac{1}{(1+r)^{41}}$ | 0.0000 | 0.0000 |
| 42. $\frac{1}{(1+r)^{42}}$ | 0.0000 | 0.0000 |
| 43. $\frac{1}{(1+r)^{43}}$ | 0.0000 | 0.0000 |
| 44. $\frac{1}{(1+r)^{44}}$ | 0.0000 | 0.0000 |
| 45. $\frac{1}{(1+r)^{45}}$ | 0.0000 | 0.0000 |
| 46. $\frac{1}{(1+r)^{46}}$ | 0.0000 | 0.0000 |
| 47. $\frac{1}{(1+r)^{47}}$ | 0.0000 | 0.0000 |
| 48. $\frac{1}{(1+r)^{48}}$ | 0.0000 | 0.0000 |
| 49. $\frac{1}{(1+r)^{49}}$ | 0.0000 | 0.0000 |
| 50. $\frac{1}{(1+r)^{50}}$ | 0.0000 | 0.0000 |

- c** Temporarily restricted endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- (i) unrelated organizations

- (ii) related organizations

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCH D, PART V, LINE 4

DIVISION 53 USES THESE FUNDS TO SUPPORT STUDENT DISSERTATION RESEARCH.

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

54-1572590

GROUP RETURN

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0	0	GRANTMAKING		6,000
(2) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		10,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					16,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					16,000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EARLY-CAREER RESEARCH SUP	6,000	CHECK			FMV
(2)			MIDDLE EAST/NORTH AFRICA	PSYCHOTHERAP RESEARCH	10,000	CHECK			FMV
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2.

3 Enter total number of other organizations or entities 2.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

Part IV Foreign Forms

- 1 Was the organization a US transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a US Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a US Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990). ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of US Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of US Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2018

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DIVISION 15,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT (WITH THE HELP OF THEIR UNIVERSITY'S CONTRACTS AND GRANTS OFFICE) IS RESPONSIBLE TO REPORT THE DISTRIBUTION OF THEIR GRANT MONIES.

DIVISION 29,

ALL GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A COMPREHENSIVE REPORT INCLUDING A FULL ACCOUNTING OF FUNDS WITHIN 6 MONTHS OF THE RESEARCH PROJECT'S COMPLETION. GRANT FUNDS NOT SPENT ON THE PROJECT WITHIN 2 YEARS MUST BE RETURNED. AFTER THE PROJECT IS COMPLETED, RECIPIENTS ARE REQUIRED TO SUBMIT A PRACTITIONER-FRIENDLY SUMMARY OF THE RESEARCH FOR PUBLICATION IN PSYCHOTHERAPY BULLETIN AND/OR THE WEBSITE OF THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number
54-1572590

OMB No 1545-0047

2018

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SALISBURY UNIVERSITY 1101 CAMDEN AVENUE SALISBURY, MD 21801	52-6002033	501(C)(3)	6,000				SUPPORT EARLY-CAREER RESEARCH
(2) REGENTS OF THE UNIV OF CALIFORNIA, LA 760 WESTWOOD PLAZA, LOS ANGELES, CA 90024	95-6006143	501(C)(3)	15,000				RESEARCH SUPPORT
(3) PSYCHOLOGICAL & NEUROBEHAVIORAL ASSOCIATES 101 REGENT CT, STATE COLLEGE, PA 16801	59-3773455	501(C)(3)	15,000				RESEARCH SUPPORT
(4) PALO ALTO UNIVERSITY 1791 ARASTRADERO ROAD PALO ALTO, CA 94304	94-2340692	501(C)(3)	50,000				SUICIDE RISK ASSESS SMARTPHONE APP
(5) MIAMI INT'L CHILD & ADOLESCENT MENTAL HEALTH 11200 SW 8TH STREET MIAMI, FL 33199	65-0177616		15,000				CONFERENCE SUBSIDY
(6) NAT'L CONF IN CLINICAL CHILD & ADOLESCENT P 1000 SUNNYSIDE AVE, LAWRENCE, KS 66045	48-1124839		20,000				CONFERENCE SUBSIDY
(7) HELPING GIVE AWAY PSYCHOLOGICAL SCIENCE 103 WESTCHESTER PL CHAPEL HILL, NC 27514	82-2966807	501(C)(3)	30,000				SCAP WEBSITE ASSESSMENT CENTER
(8) THE NEMOURS FOUNDATION 10140 CENTURION PKWY JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	20,000				RESEARCH
(9) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CTR 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	20,000				RESEARCH
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.
- 3 Enter total number of other organizations listed in the line 1 table 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ABIDIN EARLY CAREER GRANT AND AWARD	1	20,000			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DIVISION 15,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT (WITH THE HELP OF THEIR UNIVERSITY'S CONTRACTS AND GRANTS OFFICE) IS RESPONSIBLE TO REPORT THE DISTRIBUTION OF THEIR GRANT MONIES.

DIVISION 40,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT ORGANIZATION MUST PROVIDE A REPORT THAT DETAILS ALL ACTIVITIES THAT TOOK PLACE IN THE CONTEXT OF THIS GRANT, ALONG WITH A DETAILED ACCOUNT OF EXPENDITURES AND RETURN OF ANY USED FUNDS. COPIES OF CONFERENCE PRESENTATIONS AND JOURNAL PUBLICATIONS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OF RESEARCH THAT WAS CONDUCTED WITH GRANT SUPPORT MUST ALSO BE PROVIDED AT THAT TIME. THE OVERALL PURPOSE OF THIS GRANT IS TO (A) SUPPORT EARLY CAREER NEUROPSYCHOLOGISTS IN THEIR RESEARCH, AND (B) TO SOCIALIZE THEM INTO THE DIVISION BY HAVING THEM SERVE ON DIVISIONAL COMMITTEES.

DIVISION 41,

THE ORGANIZATION SPECIFIES WHAT THE FUNDS CAN AND CANNOT BE USED FOR AND REQUIRES THAT A FINAL REPORT BE SUBMITTED AT THE END OF THE GRANT PERIOD.

THE ORGANIZATION AWARDS THE MONIES TO THE AWARDEES INSTITUTION (NOT DIRECTLY TO THE AWARDEE) AND THE INSTITUTION'S OFFICE OF SPONSORED

Schedule I (Form 990) (2018)

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

RESEARCH LOOKS AFTER TRACKING THE EXPENSES, AS PER THE AGREEMENT THEY

SIGN WITH OUR ORGANIZATION.

DIVISION 53,

THE APPLICATION PROCESS REQUIRES THE APPLICANT TO SPECIFY HOW THE FUNDS

WILL BE USED. THE DIVISION SPECIFIES THAT FUNDS MAY NOT BE USED FOR

INDIRECT COSTS. THE Awardee THEN MUST SUBMIT A BUDGET OF ACTUAL

EXPENSES.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DIVISION 54,

ANNUAL OR SEMI-ANNUAL, WRITTEN PROGRESS REPORTS ARE REQUIRED BY THE BOARD

TO DOCUMENT ADEQUATE PROGRESS TOWARD GRANT AIMS AND USE OF FUNDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

FORM 990, PART I, LINE 6

THIS NUMBER REPRESENTS THE ELECTED MEMBERS OF THE GOVERNING BODIES OF THE
VARIOUS DIVISIONS. THIS NUMBER IS NOT REPRESENTATIVE OF ALL VOLUNTEERS AS
IT DOES NOT INCLUDE VOLUNTEERS WHO MAY HAVE SERVED THE DIVISIONS IN OTHER
WAYS.

FORM 990, PART III, LINE 1

DIVISIONS OF THE APA: DIVISIONS SUPPORT AND ENCOURAGE THE EDUCATION,
SCIENTIFIC STUDY, PROMOTION OF HUMAN WELFARE AND INFORMATION
DISSEMINATION RELATED TO VARIED DISCIPLINES OF PSYCHOLOGY, AND THE
ADVANCEMENT OF THOSE PSYCHOLOGY DISCIPLINES IN SERVING THE PUBLIC.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE VARIOUS TASK FORCES AND COMMITTEES WORKING
ON PROGRAMMATIC ISSUES.

FORM 990, PART VI, SECTION A, LINES 1A AND 1B

EACH DIVISION HAS A GOVERNING BODY OF 8 TO 25 MEMBERS, ALL OF WHOM ARE
INDEPENDENT AND ELECTED BY THE MEMBERS OF THE DIVISION.

FORM 990, PART VI, SECTION A, LINE 3

DIVISIONS 12, 29 AND 35 ARE THE ONLY DIVISIONS THAT DELEGATED CONTROL
OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT
SUPERVISION OF OFFICERS, DIRECTORS OR TRUSTEES, OR KEY EMPLOYEES TO A

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.
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MANAGEMENT COMPANY OR OTHER PERSON.

FORM 990, PART VI, SECTION A, LINE 4

DIVISION 27:

THE MEMBERSHIP SECTION OF THE BY-LAWS WAS MODIFIED AS FOLLOWS:

- 1) TO CREATE A MEMBERSHIP CATEGORY OF STUDENT ASSOCIATE.
- 2) TO INCLUDE THE SENIOR, INTERNATIONAL, EARLY CAREER AND UNDERGRADUATE CATEGORIES, WHICH ARE EXISTING, LONG-STANDING CATEGORIES OF MEMBERSHIP THAT WERE NEVER ADDED TO THE BY-LAWS.
- 3) TO DELETE THE REQUIREMENT THAT ALL NEW MEMBERS BE ELECTED BY A MAJORITY VOTE OF THE MEMBERSHIP AT THE ANNUAL MEETING.
- 4) TO DELETE THE STATEMENT "WITH THE EXCEPTION OF HOLDING OFFICE IN THE SOCIETY" FROM THE LANGUAGE REGARDING THE RIGHTS AND PRIVILEGES OF STUDENT MEMBERS.
- 5) TO DELETE THE PARAGRAPH REQUIRING STUDENT MEMBERS TO SUBMIT CERTIFICATION OF STUDENT STATUS, THE ROLE OF THE TREASURER IN APPROVING STUDENT APPLICATIONS, AND THE ROLE OF THE EC IN APPROVING STUDENT MEMBERS.

DIVISION 29:

BYLAWS CHANGES THAT FURTHER DEFINED VOTING RIGHTS AND PARTICIPATION RIGHTS OF VARIOUS MEMBER CATEGORIES, ADDED ONE NEW CATEGORY OF STUDENT MEMBERSHIP.

DIVISION 50:

CHANGES WERE MADE TO THE BYLAWS TO REVISE TERMINOLOGY AROUND SUBSTANCE

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USE AND RELATED DIAGNOSES, CLARIFY ASPECTS OF THE BYLAWS ABOUT WHICH
THERE HAD BEEN QUESTIONS, AND FORMALLY ADD 7 COMMITTEES THAT HAD BEEN
OPERATING ON AN AD HOC BASIS.

FORM 990, PART VI, SECTION A, LINE 7A
THE DIVISIONS ARE MEMBERSHIP ORGANIZATIONS WHOSE MEMBERS ELECT THE
GOVERNING BODIES.

FORM 990, PART VI, SECTION A, LINE 7B
THE DIVISIONS ARE MEMBERSHIP ORGANIZATIONS WHOSE MEMBERS ELECT THE
GOVERNING BODIES.

FORM 990, PART VI, SECTION B, LINE 11
APA MANAGEMENT PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE 990. BOARDS
OF THE DIVISIONS WERE REQUESTED TO DELEGATE THE POWER TO RECEIVE THE 990
TO THE PRESIDENT, AND A FINAL COPY OF THE 990 WAS PROVIDED TO THE
PRESIDENT OF EACH DIVISION INCLUDED IN THIS CONSOLIDATED RETURN PRIOR TO
IT BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL DIVISIONS AND
OFFICERS ARE REQUIRED, ON A MEETING BY MEETING BASIS, TO RECUSE
THEMSELVES FROM ANY CONFLICT IN VIOLATION OF THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15
THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES
ARE NOT COMPENSATED. SOME RECEIVE SMALL HONORARIUMS OR ARE COMPENSATED

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THROUGH A THIRD-PARTY MANAGEMENT COMPANY.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST AT THE OFFICES OF AMERICAN PSYCHOLOGICAL
ASSOCIATION.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

DIVISION 49 BEGINNING NET ASSETS: \$103,549

FORM 990, SECTION H, LINE B

DIVISIONS INCLUDED IN THE GROUP RETURN:

EIN	NAME
13-3407848	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 39 PSYCHOANALYSIS
22-2214523	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 29 SOCIETY FOR THE ADVANCEMENT OF
22-3138182	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 49 SOCIETY OF GROUP PSYCHOLOGY & GR
52-1520869	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 27 SOCIETY FOR COMMUNITY RESEARCH A
52-1563957	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 36 PSYCHOLOGY OF RELIGION & SPIRITU

Name of the organization	AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.	Employer identification number
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52-1563958 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
35 SOC FOR THE PSYCHOLOGY OF WOMEN

52-1563959 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
40 SOCIETY FOR CLINICAL NEUROPSYCHO

52-1563963 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
41 AMERICAN PSYCHOLOGY-LAW SOCIETY

52-1563968 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
44 SOC FOR PSYCH STUDY OF SEXUAL ORIE

52-1563972 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
45 SOC FOR PSYCH STUDY OF CULTURE

52-1563989 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
01 SOCIETY FOR GENERAL PSYCHOLOGY

52-1563991 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
02 SOCIETY FOR THE TEACHING OF PSYCH

52-1563997 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
12 SOCIETY OF CLINICAL PSYCHOLOGY

52-1563998 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
13 SOCIETY OF CONSULTING PSYCHOLOGY

52-1563999 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
15 EDUCATIONAL PSYCHOLOGY

52-1564000 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
16 SCHOOL PSYCHOLOGY

52-1564001 AMERICAN PSYCHOLOGICAL ASSOCIATION INC
17 SOCIETY OF COUNSELING PSYCHOLOGY

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52-1564004 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

19 SOCIETY FOR MILITARY PSYCHOLOGY

52-1564014 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

22 REHABILITATION PSYCHOLOGY

52-1708874 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

42 PSYCHOLOGISTS IN INDE PRACTICE

52-2160404 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

53 SOC OF CLIN CHILD & ADOLESC PSY

53-0105890 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

54 SOCIETY OF PEDIATRIC PSYCHOLOGY

62-1338029 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

38 SOCIETY OF HEALTH PSYCHOLOGY

77-0250718 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

48 SOC STUDY PEACE CONFL & VIOL PEA

90-0288490 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

56 TRAUMA PSYCHOLOGY

91-1436109 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

50 SOCIETY OF ADDICTION PSYCHOLOGY

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMC SOURCE 631 US HIGHWAY 1, SUITE 400 NORTH PALM BEACH, FL 33408	MANAGEMENT FEES	195,204.
AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 750 FIRST STREET, NE WASHINGTON, DC 20002	MEMBERSHIP SERVICES	125,660.

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**
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ATTACHMENT '2

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
ADMINISTRATIVE SERVICES	503,918.		503,918.	
EDITORIAL SERVICES	194,729.	194,729.		
OTHER	193,274.	75,268.	118,006.	
TOTALS	<u>891,921.</u>	<u>269,997.</u>	<u>621,924.</u>	